

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38132  
Registrar's No. 10255

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3423 Vista Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT  
FULL NAME

**Loretto Galvin**

3. (b) If veteran,  
name war.....

3. (c) Social Security No.  
.....

4. Sex..... **F.** 5. Color or race..... **W.** 6. (a) Single, widowed, married,  
divorced..... **S.** 0  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased..... **May 26th., 1903**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**45** **5** **28** hr. min.

9. Birthplace..... **St. Louis**..... **Mo.** 0  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

12. Name..... **John Galvin**  
13. Birthplace..... **St. Louis**..... **Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Mary McCormick**  
15. Birthplace..... **St. Louis**..... **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Peter Ehmann**  
(b) Address..... **3423 Vista Ave.**

17. (a) **Burial** (b) Date thereof **11-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Cathary**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**

(b) Address..... **3840 Lindell Blvd**

19. (a) **NOV 26 1948** (b) **J. B. Lanier**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **St. Louis**  
(c) City or town..... **3423 Vista Ave.**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **24th.,**  
year..... **1948** hour..... minute..... **30** p. M.

21. I hereby certify that I attended the deceased from  
**1945**, 19....., to..... **Nov 24, 1948**  
that I last saw him..... alive on..... **Aug. 7, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of colon** Duration..... **2 yrs.**

Due to.....

Due to..... **Hip**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury.....

23. Signature..... **J. B. Lanier** (M. D. county)  
Address..... **607 N. Grand** Date signed..... **11-26-48**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W H Van Matre* .....

Licensed Embalmer No..... *2825* .....

P. O. Address..... *4340 Lafayette* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**